

<i>SERFF Tracking Number:</i>	<i>LFCR-125721530</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39523</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC2063 - Script</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: LTC2063 - Script

SERFF Tr Num: LFCR-125721530 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39523

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Smith Darlene

Disposition Date: 07/25/2008

Date Submitted: 07/03/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Advertising Filing

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Michael Lewis, Senior Compliance Analyst - michael.lewis@lifecareassurance.com

Advertising

SERFF Tracking Number: LFCR-125721530 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 39523
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC2063 - Script
Project Name/Number: /

P.O. Box 4243 (818) 867-2380 [Phone]
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
Long Term Care Administrative Office Group Code: 435 Company Type:
P.O. Box 4243
Woodland Hills, CA 91365-4243 Group Name: State ID Number:
(818) 867-2450 ext. [Phone] FEIN Number: 04-1590850

SERFF Tracking Number:	LFCR-125721530	State:	Arkansas
Filing Company:	Massachusetts Mutual Life Insurance Company	State Tracking Number:	39523
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$25.00	07/03/2008	21241575

SERFF Tracking Number: LFCR-125721530 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/25/2008	07/25/2008

SERFF Tracking Number: *LFCR-125721530* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *39523*
Company Tracking Number:
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *LTC2063 - Script*
Project Name/Number: /

Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-125721530 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 39523

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC2063 - Script

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	Transmittal - Arkansas -NAIC	Filed-Closed	Yes
Form	Power Point Script	Filed-Closed	Yes

SERFF Tracking Number: LFCR-125721530 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 39523

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC2063 - Script

Project Name/Number: /

Form Schedule

Lead Form Number: LTC2063 - Script

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	LTC2063-Script	Advertising	Power Point Script	Initial		0	LTC2063 Script Notes to PowerPoint final 6-21-08.pdf

Slide 1:

Greet the audience and introduce yourself.

Ask—when I say the words “long term care”, what words come to mind?

(Typical answers: nursing home, elderly, expensive.)

Long term care is something that we hear about a lot, but there are many misconceptions as to what it means. This presentation is designed to give you a better idea about what LTC is, who needs it, what it cost, who pays for it, and what your options are for planning for long term care. How many of you have a family member or close friend who has needed long term care? Would you be willing to tell us what your experience was with long term care?

Slide 2:

Here is one definition of long term care.

The key word is “services”. There are many different types of services, and they can be provided in a variety of places. So long term care does not just mean care in a nursing home. Also, you can see that the goal of long term care is to provide assistance. It is for people who can’t function independently. However, they don’t need to be totally dependent. Finally, needing long term care is not limited to just the elderly. Even a young person could need assistance for an extended period of time.

Slide 3:

A person who needs long term care typically needs assistance with what are called “ADL’s” or activities of daily living. (List them from the slide.)

Most of us do these activities without consciously thinking about them, but there are many people who can’t perform these activities without assistance.

Another reason that a person might need long term care is because of a cognitive impairment. Individuals with a cognitive impairment may need constant supervision to prevent them from harming themselves or others due to deterioration of their judgment or memory, or might need supervision to be sure that their daily needs are being met appropriately.

Slide 4:

Here is some information about the likelihood of needing long term care.

Slide 5:

According to the Winter 2005 issue of the Inquiry Journal, some people do receive long term care in a nursing home, but the overwhelming majority receive care in home and community based settings.*

*“Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?”
Inquiry Journal, Winter, 2005.

Slide 6:

N/A

Slide 7:

Awareness about long term care has never been greater.

Due to medical advances and lifestyles, people are generally living longer. Also, the baby boomers are approaching the time in their lives when many more of them may need long term care. So there are more of us, living longer lives.

More people living a lot longer means more of us are likely to need long term care at some point in our lives, and for longer periods of time.

Slide 8:

Today, family members are more dispersed.

Because of the fact that many of us do not live near other family members, many times family members are not able to be caregivers.

Slide 9:

The diminishing number of caregivers is likely to be even more of a problem in the future.

Slide 10:

Note: be ready to answer the question “what is the average length of stay in a nursing home:

The average length of stay in a nursing home is 2.4 years according to the Kaiser Family Foundation article “Long term care insurance: who should buy it and what should they buy” dated March 2003. However, if you are asked this question, be ready to put the answer into context. This does not reflect the fact that many individuals receive care at home for many years before they go into a nursing home. Also, the statistic about the average length stay is helpful for making predictions about large groups of people, but not for individual planning. Reason: each individual circumstance is different, so the focus needs to be not on the average length of stay, but the impact that a long term care need would have on one’s family and finances

Slide 11:

N/A

Slide 12:

There are several players in the arena of long term care. Let’s look briefly at each of them Medicare: was never intended to be a solution for long term care. It’s basically health insurance for people over 65 years old, and covers doctor’s bills and hospital bills. For nursing home care, Medicare requires continuous health improvement, will only pay for skilled, medical care, and offers a maximum 100 days of coverage per benefit period (a co-payment is required after the first 20 days). The average number of days that Medicare actually pays for is from 14-21 days. (Source: 44 USC, Sec. 1395. The New York Times, “Cap Urged on Hospital’s Medicare Money,” March 12, 2001).

Private health insurance typically pays for only for skilled care, which is a fraction of all long term care costs. Self-insuring is what you are doing if you do not have long term care insurance. Self-insuring means that you use your own personal assets and income to pay for long term care

Slide 13:

We all need to prepare for the possibility of needing long term care.
What are some of our options?

Slide 14:

Many people now choose to prepare for the possibility of needing long term care by transferring that risk to an insurance company.

When you buy long term care insurance, you pay a premium to an insurance company so that if some day the risk becomes a reality, you have a source of money to help you pay for the expenses of long term care.

There are many different ways to prepare for long term care. One approach is to “fully insure” which means that your policy is designed to pay all or most of the expenses of long term care. Another approach is to partially insure, which means that your policy is designed to pay for a portion of the expenses for long term care, and you plan to pay the balance of the expenses yourself.

With either approach you are not leaving yourself completely exposed to the cost of long term care expenses.

Slide 15:

Long term care insurance has these and other benefits:

(note: amplify on each of the points listed on the slide)

Also—a long term care insurance policy can be just as important a support for the caregiver as it is for the family

Also—without long term care insurance, all of the other financial strategies that you have put in place (retirement, financial, estate) can be at risk.

Long term care insurance should be regarded as the pin that holds together all of the other financial strategies that you have put in place.

Slide 16:

Lets look at a few more of the advantages of having long term care insurance.

Slide 17:

It is important to remember that long term care insurance not only supports the person who needs care. It also can help the caregiver in several important ways.

Slide 18:

We are all aware that the need for long term care has a tremendous impact on our society.

Slide 19:

Let's look at some of the common choices that are offered in most long term care insurance policies.

Slide 20:

One basic choice that you are offered is whether you want a policy that will cover care at home, or only care in a facility.

Since we don't know exactly our situation will be when and if we ever need care, it is generally better to have a policy that will be comprehensive, and that will support our choices, rather than drive our choices.

The exception to that statement might be if you know that you have no support network for care... in that case, a facility-only policy might be appropriate.

Slide 21:

N/A

Slide 22:

Again, none of us know s how long we might need care. We need to consider the impact of needing care for an extended period of time on our families and on our finances.

Slide 23:

N/A

Slide 24:

In choosing a Daily Benefit, you want to consider the cost of care in the area where you would be most likely to receive care, and whether you are willing to defray the cost of care with any of your own income. This is called "co-insuring."

Slide 25:

Most long term care insurance policies will begin to pay benefits once the “benefit triggers” have been met, meaning that the person needs help with a specified number of Activities of Daily Living or has a cognitive impairment.

Slide 26:

You should ask whether a policy that you are considering offers any of the following features.

Slide 27:

Most long term care insurance policies that are offered today are called “Qualified Long Term Care Insurance Policies”, which means that they meet certain requirements of the Internal revenue Code, and they can offer some tax advantages.

Slide 28:

One of the most important decisions that you will make is the choice of insurance carrier. It is important to consider all of these factors.

Slide 29:

Thank you for taking this important step in secure the future for your family and yourself by preparing for the possibility of needing long term care.

I’d be happy to answer your questions. If you would like a personal meeting to talk in greater detail about how a long term care insurance policy might fit into your financial strategies, please sign your name on the form that I have made available.

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Rate Information

Rate data does NOT apply to filing.

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Cover Letter	Filed-Closed	07/25/2008
Comments:			
Attachment:			
AR Cover Ltr 7-01-08.pdf			

		Review Status:	
Satisfied -Name:	Transmittal - Arkansas -NAIC	Filed-Closed	07/25/2008
Comments:			
Attachment:			
Transmittal - Arkansas - NAIC.pdf			



July 1, 2008

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
1200 West Third Street,
Little Rock, Arkansas 72201-1904

RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935
Submission of Advertising Materials To Be Used with
Long Term Care Policy Form MM500-P-AR et al.

LTC2063 - Script

LTC Institutional PowerPoint – Script Notes

Dear Mr. Shearer,

We are submitting the above referenced advertising material for your review. This piece is intended to be “institutional advertising” regarding long term care coverage. This piece will be used with LTC2063, approved by your department under SERFF Tracking Number LFCR-125519792, and we would like to release this product as soon as possible.

Thank you very much for your assistance with this submission. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Lewis'.

Michael Lewis
Senior Compliance Analyst
(800) 366-5463, ext. 2380
Michael.Lewis@LifeCare.Assurance.com


Attachments

Massachusetts Mutual Life Insurance Company
Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500 • Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 505-8952 • Fax (818) 887-4595

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance						
10.	Product Coding Matrix Filing Code						
11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.	
Print Name _____ Title _____	
Signature  _____ Date: _____	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1